

# FAX

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**ATTN.** Laurie Anne Ries

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**SUBJECT** Response to 1st Office Action (10/002,438)

**Number of Pages** 15

**Date** 11/24/2004

## **MESSAGE**

This fax transmission contains:

1. one copy of a Fax Transmission Form;
2. one copy of a Fee transmission Letter; and
3. one copy of the Response.

Volel

PTO/SB/21 (02-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/002,438
Filing Date	11/01/2001
First Named Inventor	Awada et al.
Art Unit	2176
Examiner Name	Laurie Anne Pilote
Attorney Docket Number	AUS820010885US1

Total Number of Pages in This Submission

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		<u>Remarks</u>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF/APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Signature

Date 11/24/2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Signature

Date 11/24/2004

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NUMBER: AUS920010885US1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:  
Awada et al.

Serial No: 10/002,438

Filed: 11/01/2001

Title: APPARATUS AND METHOD OF  
BOOKMARKING A SECTION OF A WEB  
PAGE

: Before the Examiner:  
: Laurie Anne Ries  
: Group Art Unit: 2176  
: Confirmation No.: 3560

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required  
 The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	8	MINUS	24	= 0	x 18 = \$ 0.00
Indep.	4	MINUS	4	= 0	x 88 = \$ 0.00
1st Presentation of Multiple Dep. Claim				x 300 =	\$ 0.00
					<b>TOTAL \$516.00</b>

Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.  
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

Any additional fees required under 37 CFR \$1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR \$1.17.

Respectfully submitted,

By:

Volel Emile  
Registration No. 39,969  
(512) 306-7969

Appl. No. 10/002,438  
Amdt. dated 11/24/2004  
Reply to Office Action of 08/30/2004

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :  
Awada et al. :  
Serial No: 10/002,438 : Before the Examiner:  
: Laurie Anne Ries  
Filed: 11/01/2001 : Group Art Unit: 2176  
Title: APPARATUS AND METHOD : Confirmation No.: 3560  
OF BOOKMARKING A SECTION OF A :  
WEB PAGE :  
:

AMENDMENT A

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of August 30, 2004,  
please amend the above-identified Application as shown  
below and consider the following Remarks.

**Amendment to the Specification** is on page 2 of this paper.  
**Amendments to the CLAIMS** begin on page 3 of this paper.  
**Remarks** begin on page 7 of this paper.

AUS920010885US1

Page 1 of 12